

## **MHOAC Priorities - 2015**

1. Improve and fund transitional services across the lifespan.
  2. Increase Development of Crisis Services across the state.
  3. Study and Participate in Medicaid Expansion.
  4. Improve Service Options for those Individuals with Lived Experiences in Forensic settings.
- ❖ Continue funding for 72-hour and MHSP to address local crisis situations.
  - ❖ Support programs for housing, employment, education, socialization.

The Mental Health Oversight Advisory Council would like to Thank and Recognize our Partners: The Department of Public Health and Human Services, Regional Service Area Authorities, Local Advisory Councils (the foundation of stakeholder input).

Montana  
**Mental Health  
Oversight Advisory Council**

### **Mission Statement**

We are partners in planning and oversight for a mental health system that effectively serves families and individuals throughout Montana.

### **Vision Statement**

We envision a collaborative public mental health system that promotes independence, self-determination, stability in families and recovery. The system will provide effective community-based treatment, and ability to participate in educational opportunities, meaningful work, satisfying family relationships, and personal friendships.

### **Purpose**

The 1999 Legislature created this council to provide guidance and oversight to the Department of Public Health and Human Services in the development and management of an effective public mental health system.



*Healthy People. Healthy Communities.*

Department of Public Health & Human Services

The duties of the Council are to:

- Review the Mental Health Block Grant Plan and make recommendations to the Department of Public Health and Human Services (DPHHS).
- Serve as an advocate for adults with a serious mental illness, children with a serious emotional disturbance, co-occurring disorders, and other individuals with mental illnesses.
- Monitor, review, and evaluate the allocation and adequacy of mental health services within the State.

State law requires that half of the membership of the council be consumers of mental health services, or family members. Other members may include advocates for mental health consumers and their families, members of the public at large, providers of mental health services, legislators, and department representatives.

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The defining principle is that services are consumer and family directed, through a system that is comprehensive and community-based. Values that support this standard include:

- Focusing on the connections between physical and mental health;
- Providing culturally sensitive and competent services;
- Meeting the needs of children, their families, and adults through early intervention, flexibility, and equal access to services;

- Reducing stigma by supporting the philosophy that every man, woman, and child with or at risk for mental illness deserves a full life in the community of their choice;
- Emphasizing the need to keep families together in their community settings rather than in institutional placements;
- Participation by families and individuals in community-based treatment planning to get what they need and want to become stable and be able to function independently;
- Providing mental health community education and awareness that is understandable and comprehensive;
- Diverting individuals from the criminal justice system;
- Continuing to set the standard for local and regional planning to identify and overcome barriers to access community based care;
- Acknowledging the high incidence of co-occurring disorders and understanding that co-occurring care is fundamental.

***“I alone cannot change the world, but  
I can cast a stone across the waters  
to create many ripples”***

*Mother Teresa*

For more information, check the Mental Health Oversight webpage at  
<http://www.dphhs.mt.gov/boardscouncils/mentalhealth.shtml>